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(((H01000115190 0)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From: Nery C. Toledo, Legal Assistant

ACCOUNT Name : AKERMAN, SENTERFITT & EIDSON, P.A.

Account Number : 075471001363 Phone : (305)374-5600 Fax Number : (305)374-5095

A31349

REGISTERED AGENT CHANGE

Certificate of Status	0	
Certified Copy	1	
Page Count	01	
Esturated Charge	\$87.50	

FOUNTAIN SQUARE PROPERTY HOLDINGS, LTD.

00453 - 048861

OI NOV 16 PM 4:5
SECRETARY OF STATE
TALLAHASSEE, FISTATE

RECEIVED 01 NOV 16 PM 2:39 DIVISION OF CORPORATIONS (H01000115190 0)

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. FOUNTAIN SQUAR	E PROPERTY HOLDINGS, LTD.	
	Name of the limited partnership	
2. March 28,19 Date of filing/regist	2 A31349	
4 The name of the regi-	stered agent and the registered office address as shown on the rec	ords of the Florida
the hat upetit of Sixte.	Richard C. Rochon	
,	Name	
	450 E. Las Olas Boulevard, 15th Floor	
	Address	
	Fort Lauderdale, Florida 33301	
	City, State and Zip	
5. The name and address	s of the new registered agent and/or office.	
	merican Information Services, Inc.	
	Name	3 6 -
Or	De Southeast Third Avenue, 28th Floor	FEG 9
	Florida sucert address (P.O. Box not acceptable)	NOV 16 CRETARY AHASSE
		ASE T
	Miami, FL 33131 City, State and Zip	
6. Such change(x)) was/w	ere authorized by the general parmers.	
Fountain Square J	roperty Management, Inc., as General Partner	107 12. 14.
By: // /		RA: 5
	Cris V. Branden, Vice President & Treasurer) A -
with the provisions of all familiar with and accept t	ument as registered agent and agree to act in this capacity. I furth statutes relative to the proper and complete performance of m he obligations of my position as registered agent. Or, if this doct in the registered office address, I hereby confirm that the limit this change	y duties, and I am
American Informatio	n Services, Inc.	
sy: There O. Cla	endr asst. Leo.	
Signature of Registered Agent Nerry C. Toledo,	Assistant Secretary	
Make	checks payable to Florida Department of State and mail to:	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00

INHS04(9/98) (H01000115190 0)